

Report to The Healthier Communities and Older People Overview and Scrutiny Panel  
Update on Primary Care Network Development  
17<sup>th</sup> June 2019

## Executive Summary

This report provides The Healthier Communities and Older People Overview & Scrutiny Panel with an update on the development of Primary Care Networks in Merton.

The national context and direction of travel are outlined, and information is provided about local developments and next steps.

Local data and information about the general practice workforce is also included.

### 1. Five-year Contract Framework

On 7<sup>th</sup> January 2019 The NHS Long Term Plan<sup>1</sup> was published which sets out priorities for the NHS over the next ten years.

On 31<sup>st</sup> January 2019 NHS England and the BMA General Practitioners Committee in England published a five-year framework for GP Contract Reform to implement The NHS Long Term Plan<sup>2</sup>.

This document translates the commitments outlined in The NHS Long Term Plan into a five-year framework for the GP Services contract. The agreement sets out the changes in the 19/20 GMS Contract and proposals for the four subsequent years. It also confirms the direction for primary care for the next ten years seeking to meet the reasonable aspirations of the profession.

The agreement:

- Seeks to address workload issues resulting from workforce shortfall.
- Brings a permanent solution to indemnity costs and coverage.
- Makes improvements to the Quality and Outcomes Framework (QOF).
- Introduces automatic entitlement to a new Primary Care Network Contract.
- Helps join-up urgent care services.
- Enables practices and patients to benefit from digital technologies.
- Delivers new services to achieve NHS Long Term Plan commitments.
- Gives five-year funding clarity and certainty for practices.
- Tests future contract changes prior to introduction.

<sup>1</sup> See: <https://www.longtermplan.nhs.uk/>

<sup>2</sup> See: <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

Key developments relate to the following areas:

- Primary Care Networks – new Network contract (*more to follow*)
  - A new Directed Enhanced Service (DES) Contract will support Primary Care Networks of local GP Practices working together with local community teams around a population of approximately 30,000 – 50,000 people.
  - The Network DES will see practices entering into a new contract, which will provide a designated single fund through which all network resources will flow. As a DES contract it will be an extension of the core GP contract rather than a separate contract. Under delegated commissioning the commissioner responsibility for the contract will fall to CCGs.
- New Workforce – Additional Roles Reimbursement Scheme (additional funding for different primary care roles: clinical pharmacists, social prescribing link workers, physiotherapists physicians associates, first contact community paramedics); network Clinical Directors.
- Improving access –
  - As from 1 July 2019, the funding from the current Extended Hours Access DES will transfer into the Network Contract DES and PCNs' constituent practices will deliver extended hours.
  - Funding and responsibility for providing the current CCG-commissioned enhanced access services transfers to the Network Contract DES by April 2021 latest.
- Seven new Network services – five from 2020 and two more from 2021.
- Network Dashboard (from April 2020), Investment and Innovation Fund (starts in 2020) and Testbed programme (to be launched in 2019).
- Indemnity – Clinical Negligence Scheme.
- QOF (Quality Outcomes Framework) reform – 28 indicators retired from April 2019, 15 new indicators introduced and new Quality Improvement domain introduced.
- Digital – various requirements e.g. at least 25% of appointments available for online booking by July 2019.

## 2. Primary Care Networks - Context

### 2.1 Vision and Opportunities

As noted above, the five-year framework introduces a new Primary Care Network Contract which outlines a significant shift in the future of general practice and primary care.

Primary Care Networks are at the heart of the NHS Long Term plan and will be the foundation of Integrated Care Systems. They will be fundamental to significant developments in terms of how health and care services are delivered.

The vision is for PCNs to enable the provision of proactive, accessible, coordinated and more integrated primary and community care in order to improve outcomes for patients. They are formed around natural communities based on GP registered lists, serving

populations of around 30,000 to 50,000. Networks are small enough to provide personal care and large enough to have an impact through deeper collaboration between practices and other health and social care partners.

Various opportunities have been identified in relation to the establishment and development of Primary Care Networks.

For patients:

- More joined up services and multidisciplinary/ holistic care
- Access to a wider range of services in a community setting
- Focus on prevention

For practices:

- Greater resilience and efficiency – making the best use of shared staff, buildings and other resources
- Better workload management – more tasks routed directly to appropriate professionals
- Shared learning to support quality improvement

For the system:

- Improved integration across organisational boundaries
- Driving a more population-focussed approach
- Strengthening of primary and community services, reducing the need for acute care

## **2.2 Network Contract**

The Network DES Contract DES directions will begin on the 1 April 2019 and following sign up to the DES the requirements will apply from 1 July 2019. It will remain in place, evolving annually until at least 31 March 2024.

The specification sets out the requirements for the first year. The focus in 2019/20 is the establishment of primary care networks and the recruitment of new workforce, with many other service requirements coming in from April 2020 onwards.

The specification includes information about:

- Eligibility
- Sign up process
- Form, functions and leadership of PCNs
- Network 'infrastructure' e.g. Clinical Director responsibilities, data sharing requirements, patient engagement, subcontracting arrangements
- New PCN workforce
- Extended hours access
- Financial entitlements
- Monitoring

## 2.3 New Roles

During 2019/20 a key area for development will be the introduction of the new roles in primary care networks, in particular: Clinical Directors, Social Prescribing Link Workers and Clinical Pharmacists.

For all new roles, local consideration will be needed in terms of strategies for recruitment and retention, including training, development and support for professionals joining primary care teams.

### Clinical Directors

Clinical Directors will be accountable leads for the networks and Network Clinical Directors will need to work together to shape the integrated care system. Clinical Directors would not be solely responsible for the operational delivery of services. This will be a collective responsibility of the network.

Key responsibilities of the Clinical Director may include:

- Providing strategic and clinical leadership to the network
- Leading and supporting quality improvement and performance across the network (including QoF)
- Developing relationships across the network to enable collaboration for better patient outcomes  
Working alongside clinical leaders of other networks and the ICS/ STP
- Supporting local clinical improvement programmes
- Supporting research development
- Representing the network at CCG-level clinical meetings and the ICS/STP, contributing to the strategy and wider work of the ICS.

Each Network will receive an additional ongoing entitlement to the equivalent of 0.25 WTE funding per 50,000 population size, funded centrally.

### Social prescribing link workers

In Year 1 (19/20), Networks can receive 100% reimbursement for a social prescribing link worker.

In Merton there is already a well-developed social prescribing service in Merton which has delivered positive outcomes for patients and practices. Collaborative work is underway to establish a coherent, integrated model.

### Clinical pharmacists

In Year 1 (19/20), Networks can receive 70% reimbursement for a clinical pharmacist.

Additional clinical pharmacy input in primary care brings significant opportunities to improve patient care, particularly supporting the proactive management of patients with complex needs.

### 3. Primary Care Networks in Merton

Prior to the publication of the new contract guidance, practices in Merton had been working in groups/ networks for over a year, with four established across the borough.

With the publication of the new Network Contract and guidance around the development and resourcing of PCNs, practices have been working together to align themselves into networks that make the best use of resources, are geographically coherent and meet the requirements as set out in the DES.

To be eligible for the Network Contract DES, Primary Care Networks needed to submit a registration form to the CCG by 15<sup>th</sup> May 2019 and have all member practices signed up to the DES.

The following applications from six PCNs were received:

Primary Care Network	Practice	List Size	Collective List Size
North Merton	Mitcham Family Practice	3625	37411
	Riverhouse Medical Practice	5822	
	Merton Medical Practice	8163	
	Mitcham Medical Centre	8988	
	Colliers Wood Surgery	10813	
East Merton	Rowans Surgery	7330	45728
	Figges Marsh Surgery	8083	
	Tamworth House Medical Centre	9241	
	Wide Way Medical Centre	9486	
	Cricket Green Medical Practice	11588	
South West	Grand Drive Surgery	8870	39441
	Nelson Medical Practice	29571	
Morden	Ravensbury Park Medical Centre	5515	37735
	Stonecot Surgery	8586	
	Central Medical Centre	8909	
	Morden Hall Medical Centre	14725	
North West Merton	Vineyard Hill Surgery	4333	31748
	Alexandra Road Surgery	5646	
	Wimbledon Medical Practice	9358	
	Wimbledon Village Practice	12411	
West Merton	Francis Grove Surgery	13720	31517
	Lambton Road Medical Practice	17797	

There was a move from four to six PCNs to maximise the level of resource that would be received by the networks (which is particularly relevant in year 1) but the practices that are now part of smaller networks still intend to work collaboratively in the original groups to achieve benefits from working at a greater scale.

The applications were reviewed by non-conflicted members of the Primary Care Operational Group, ensuring that they met the requirements as detailed in the Network Contract. The outcomes of the review process concluded that the proposed PCNs:

- Covered 100% of the Merton CCG practices;
- Provided 100% coverage of the registered population;
- Were geographically contiguous;
- Did not include any practices outside of the CCG boundary;
- Did not include any networks with a registered population of under 30,000; and
- Did not include any networks with a registered population of over 50,000.

As such the proposed Merton PCNs met all the requirements for approval as set out in the Network Contract guidance.

The Primary Care Committee subsequently supported the recommendation that the six Primary Care Network applications in Merton should be approved.

#### **4. Primary Care at Scale**

It has been recognised that practices working together or 'at scale' could provide opportunities to address many of the challenges facing primary care and could bring benefits for patients and practices themselves as well as the wider health system.

Merton Health, Merton's GP Federation, has been leading the delivery of Primary Care at Scale (PCaS) work programmes which have been supported through specific transformation funding. Other services and developments (funded through other channels) align with PCaS objectives and have taken into consideration PCN developments.

##### **4.1 2018/19 Achievements**

Some of the key achievements in 2018/19 and thus far in 2019/20 have included:

- Development of a comprehensive understanding of all practices' priorities, barriers and preferences in relation to PCaS, including project ideas and training needs.
- Supporting the delivery of practice PLTs through joint working with Merton Community Education Provider Network (CEPN).
- Improving Quality, Safety and Education – for example the Practice Support Team has successfully delivered a range of support for practices with a variety of needs.
- Establishment of PCNs and alignment of Merton Health's governance structures and leadership teams to the PCNs.
- Delivery of borough wide initiatives – for example introducing an intranet across all practices and the Federation (GP Team Net), the procurement of toolkits to support

practices with policies and procedures (Practice Index Plus) and the planned rollout of standardised websites.

- Development of models that will be delivered across PCNs to improve patient care e.g. enhanced support for care homes and a Local Incentive Scheme to improve the management of type 2 diabetic patients.
- Review of Access Hub service in light of PCN and digital developments.

To illustrate the varied nature of the work, further details are included below in relation to a few of the initiatives outlined above:

### GP Team Net and Practice Index Plus

GP Team Net brings benefits for individual practices and supports joint work across practices. It can help with information sharing, HR functions (e.g. monitoring staff training) and CQC compliance (e.g. through having up-to-date policies, procedures and other key documents readily available and accessible to the required members of the practice team).

Practice Index Plus offers a suite of services, including access to a range of tools and resources such as policies and procedures which can support practices to implement best practice.

### Access Hub Provision

Improving access to primary care services is a key priority in Merton. Merton Health provides Access Hubs, offering GP and nursing services, which extend current provision to 8 am – 8 pm Monday to Sunday. The two GP Hubs are co-located with Wide Way Medical Centre in Mitcham and The Nelson Medical Centre in Wimbledon. They provide additional access for patients to both routine and same day GP appointments and increase patient choice in terms of access to primary care.

Work is currently underway to select additional Hub sites bearing in mind the configuration of Merton PCNs. There will also be significant digital developments, including expanding digital access routes and offering dedicated video consultation appointments.

### Enhanced Support to Care Homes

A model has been developed to achieve robust, high quality and equitable primary care support for care home residents. A new Care Home Local Incentive Scheme (LIS) will be introduced for nursing and residential homes for older people.

The Care Home LIS will follow the same structure as an End of Life Care and Complex Patients LIS that is already in place with a few developments to ensure that it is appropriately tailored to best meet the needs of care home residents. Core requirements of the scheme relate to the following areas:

- Leadership

- Identification
- Individual case review
- Conversation about end of life care and advance care planning
- Inclusion on the practice's Palliative Care/ Supportive Care Register
- Care planning and review, including offer and development of a Coordinate My Care (CMC) Record
- Multidisciplinary meetings/ approach
- Responsiveness to requests
- Reflective practice, information sharing and completion of After Death Audits

The funding for the scheme will be available from July 2019 and the scheme will be launched at this point. A Protected Learning Time (PLT) event took place on 8<sup>th</sup> May at which the Care Homes LIS was introduced to practices. Work is underway in terms of plans for implementing the scheme.

Future arrangements will need to be considered during 19/20 as Enhanced Health in Care Homes is a new national Network Service Specification which will be introduced from April 2020 and delivered through the Network Contract DES.

#### **4.2 2019/20 Plans**

National developments and timescales in relation to Primary Care Networks have meant that it would not have been viable to formulate a PCaS plan for 2019/20 before now.

2019/20 PCaS funding will help to support PCNS with their operational and organisational development and their ability to introduce new ways of working and models of care. PCaS initiatives will include a focus on the following priority areas:

- Leadership Development
- Communications and Engagement
- System Partnerships
- Business Intelligence, Support and Data Analytics
- Quality Improvement
- Efficiency and shared back office functions

A detailed plan is being developed which is guided by feedback from PCNs regarding needs and priorities. This plan will be reviewed by the CCG's Executive Management Team in June.

There is a need to work towards ensuring that there is a coherent fit between the Primary Care Networks, the PCaS work led by the Federation and CCG workstreams.

### **5. Primary Care Network Development**

PCNs will receive support to help them mature and be in a position to operate and deliver care differently.



Nationally, based on feedback from engagement events, a decision has been made not to procure a national development offer. This recognises that 'one size' does not fit all given PCNs are at different stages of maturity and enables local flexibility.

Instead, it has been agreed to co-develop a PCN development support prospectus with systems, PCNs and stakeholders that sets out a consensus view and description of 'good' development support. The prospectus will therefore set out an agreed consistent view for regional and local teams to use and build upon to ensure any support put in place meets local needs.

Development support funding is expected to flow through ICSs (Integrated Care Systems)/ STPs (Sustainability and Transformation Partnerships). Work will need to make place to agree the most effective way to ensure PCNs can easily access good development support.

Seven modules of support will be described in the draft prospectus:

- Module 1: PCN set-up
- Module 2: Organisational development support
- Module 3: Change management quality and culture
- Module 4: Leadership development
- Module 5: Collaborative working (MDTs)
- Module 6: Asset based community development and social prescribing
- Module 7: Population health management

Additionally, it has been agreed to co-develop a PCN clinical director development support syllabus to help ensure appropriate support is put in place for these new leadership roles.

Further details will be shared in June, including the financial resources that will be available for South West London and expenditure parameters.

As noted above, work is already underway to support PCNs through Primary Care at Scale transformation funding and consideration will need to be paid to the 'fit' between this and the further initiatives that will stem from the additional resources that will be received as part of the PCN development offer. This will require a collaborative approach between the CCG, Merton Health and the Merton Community Education Provider Network (CEPN).

## **6. Workforce**

Nationally primary care faces workforce and workload challenges and action is needed to ensure that it is sustainable and able to meet current and future needs.

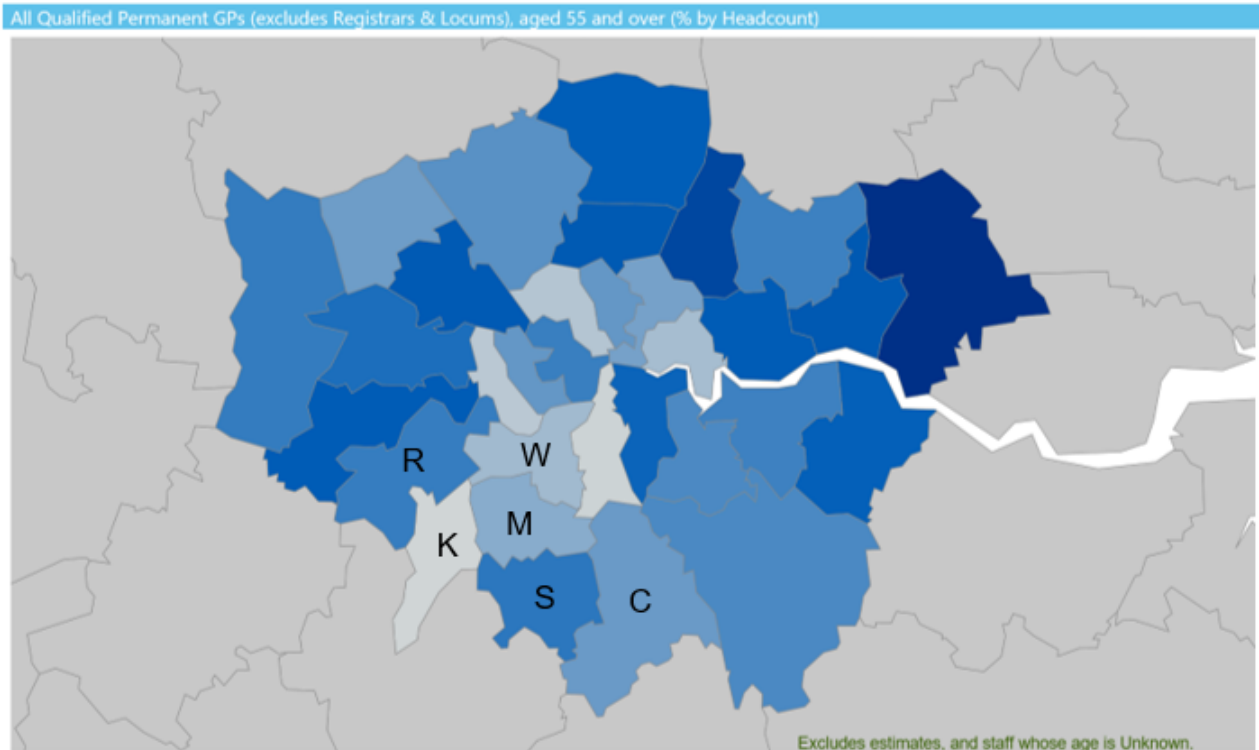
It is envisaged that developments including the introduction of the network contract will lead to greater resilience and workload management by making the best use of shared staff, buildings and other resources. Also, it should enable more tasks to be routed directly to appropriate professionals (such as clinical pharmacists, social prescribers, physiotherapists) which should help to manage the workload of GPs.

A range of primary care workforce data is available here:

<https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>

Included below is some relevant data that may be of interest to the committee.

All Qualified Permanent GPs (excludes Registrars & Locums), aged 55 and over



Note: The darker the blue, the higher the percentage.

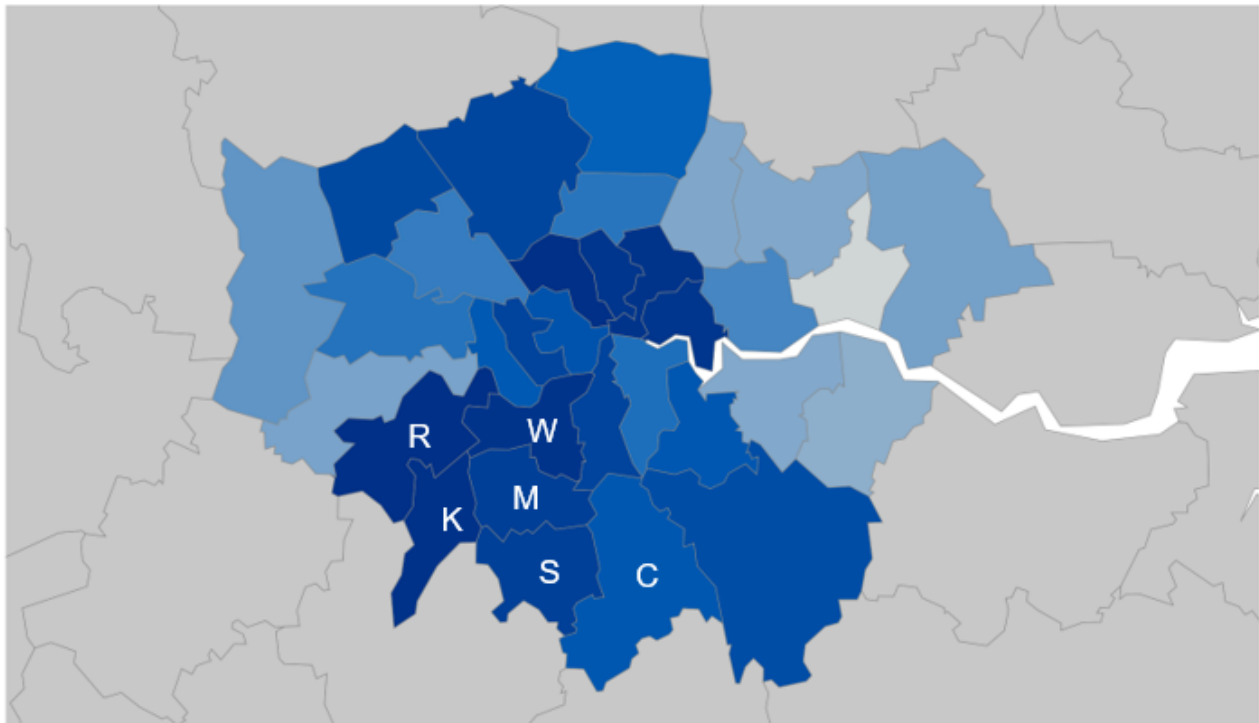
Borough		Permanent GPs aged 55+			
		% 55+ by headcount <i>(represented on map above)</i>	Ranking (lowest to highest)	% 55+ by Full Time Equivalent (FTE)	Ranking (lowest to highest)
C	Croydon	24.1%	4 <sup>th</sup>	21.1%	3 <sup>rd</sup>
K	Kingston	17.5%	1 <sup>st</sup>	17.4%	1 <sup>st</sup>
M	Merton	22.1%	3 <sup>rd</sup>	22.9%	4 <sup>th</sup>
R	Richmond	27.5%	5 <sup>th</sup>	28.0%	6 <sup>th</sup>
S	Sutton	28.1%	6 <sup>th</sup>	27.0%	5 <sup>th</sup>
W	Wandsworth	20.5%	2 <sup>nd</sup>	18.9%	2 <sup>nd</sup>

South West London CCG average for % permanent GPs aged 55+ (FTE) = 22.5%

England average for % permanent GPs aged 55+ (FTE) = 19.6%

## All Qualified Permanent GPs (excludes Registrars & Locums) per 100k Patients

All Qualified Permanent GPs (excludes Registrars & Locums), per 100k Patients by CCG



Note: The darker the blue, the higher the number.

Borough		Permanent GPs per 100k Patients			
		Headcount	Ranking (highest to lowest)	Full Time Equivalent (FTE)	Ranking (highest to lowest)
C	Croydon	56.16	6	55.90	4
K	Kingston	67.09	2	57.86	2
M	Merton	63.15	4	55.45	5
R	Richmond	67.58	1	58.59	1
S	Sutton	62.88	5	54.06	6
W	Wandsworth	66.42	3	57.78	3

South West London CCG average for FTE permanent GPs per 100k patients = 56.61

England average for FTE permanent GPs per 100k patients = 58.19

## Merton CCG GP Headcount (all job roles)



	March 2016	March 2019	% Change
Headcount	141	171	+21.3%
FTE	110	124	+12.7%

Merton's number of full time equivalent permanent GPs per 100,000 patients is 55.45 (according to the latest data). This is just slightly lower than the average for South West London CCGs (56.61) and the England average (58.19). However, South West London compares favourably in this regard to other parts of London.

The overall GP workforce in Merton has grown over the past 3 years, both in terms of head count and the full time equivalent.

Local work is taking place in terms of recruitment and retention and the Practice Support Team can support individual practices which face challenges. The Primary Care Quality Review Group seeks to support with the early identification of vulnerable practices and workforce issues are explored at this group.

## 7. Next Steps

The CCG will continue to work with the PCNs going forward on the priorities as detailed in the Network Contract as well as on local programmes.

The intention is to adopt a collaborative and supportive approach, working closely with member practices, Merton Health and other partners, to ensure the successful delivery of new models of care and greater integration between health and care services for the benefit of Merton patients.